

**2 YEAR
TOWN OF GRAND RAPIDS
APPLICATION FOR BEVERAGE OPERATOR'S LICENSE**

Name:		Date of Birth:	
(Last)	(First)	(M.I.)	
Address:		Place of Birth:	
City:		State:	Zip:
Telephone Number:		Married <input type="checkbox"/> Yes <input type="checkbox"/> No	
Spouse's Name:		Maiden Name:	
Where will you be employed as a beverage operator?			
Have you been denied or had a beverage operator's license revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No Why?			
Have you ever been convicted of any crime, traffic or ordinance violation? <input type="checkbox"/> Yes <input type="checkbox"/> No List			
Past Occupations:			
Past places of residency:			
List two references: (other than bartenders and family)			
Name:		Telephone:	
Name:		Telephone:	
<p>I hereby apply to the Town Board of the Town of Grand Rapids, Wood County, WI for a Beverage Operator's License for the year ending June 30, _____ as provided by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and local ordinances. I certify that I am a citizen of the United States and a resident of the State of Wisconsin, and that I have not been convicted of a felony or for violation of the National Prohibition Act within one (1) year from the date of this application. I further certify that I am familiar with the laws, ordinances and regulations pertaining to the sale of beverages under a Class B license and I hereby agree if granted said license, to obey all provisions of said laws. I further state that all information provided by me is both truthful and accurate to the best of my knowledge.</p>			
Signature:		Date:	
OFFICE USE ONLY			
POLICE DEPARTMENT INVESTIGATION:			
The above applicant has been investigated and based upon my findings the beverage operator's license <input type="checkbox"/> should be granted <input type="checkbox"/> should not be granted			
Chief of Police:		Date:	
TOWN BOARD ACTION: Meeting Held _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied			
Issued Number:		Date:	
New <input type="checkbox"/> Class Date: _____ Date Paid: _____			
Renewal <input type="checkbox"/> Renewal Verified <input type="checkbox"/>		ID Verified by: _____	